



## Remediation Plan

*School of Medicine, Queen's University*

This remediation plan shall be completed by the Program Director in consultation with Residency Program Committee for residents identified as in need of remediation.

It is recommended that Dr. \_\_\_\_\_, a PGY \_\_\_\_\_, resident in \_\_\_\_\_ (name of program) follow a program of remediation for a period of \_\_\_\_\_ (length), to begin \_\_\_\_\_ and end \_\_\_\_\_ (dates).

The need for remediation was identified during the \_\_\_\_\_ rotation (s) beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (dates) at \_\_\_\_\_ (location).

This is an interim plan until reviewed by the Education Advisory Board (EAB). Further revisions of this plan may be required based on EAB recommendations.

**Additional Background:** (domain specific, independent remediation need)

**Defined Needs:** The following specific areas of weaknesses have been identified:

Identified areas of weaknesses
1)
2)
3)

*(Add more as required)*

**Define Objectives:** The following objectives have been defined for the purpose of remediation:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

*(Add more as required)*

**Methods of intervention:** During the remediation period, Dr. \_\_\_\_\_ must: (indicate all that apply)

1) Follow a structured reading program in the area of \_\_\_\_\_, paying particular attention to the following (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Basic science                                | <input type="checkbox"/> Clinical presentation   |
| <input type="checkbox"/> Pathophysiology                              | <input type="checkbox"/> Therapeutics            |
| <input type="checkbox"/> Management and approach                      | <input type="checkbox"/> Evidence based medicine |
| <input type="checkbox"/> Other: (e.g. increased protected time) _____ |  |

Reading should be done from the following sources: \_\_\_\_\_

2) Improve clinical performance by: (e.g. increased time on rotation, individualized observation and feedback, simulations, additional clinics, standardized patients), *please specify:*

\_\_\_\_\_

3) Follow remedial program (e.g. communication skills, skills training), *please specify:*

\_\_\_\_\_

4) Counseling recommended (e.g. A commitment to meet with the Director of Resident Wellness and to participate in any recommended assessments or treatments to try to address these concerns)

\_\_\_\_\_

5) Other: (e.g. leave of absence, suspension, please specify) \_\_\_\_\_

\_\_\_\_\_

**Monitoring schedule:**

**1) Mentor/Academic Advisor** (not involved in assessing resident's performance)

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_ (specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.

**2) Supervisor**

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_ (specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.

**3) Program Director**

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_ (specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing

objectives.

### Documentation of Monitoring Meetings

The following meeting template (*or reasonable equivalent*) will be used to document all meetings:

(a) Date:
(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director
(c) Other, Please specify _____
(d) In attendance:
(e) Focus of discussion:
(f) Outcomes/plan:

- Residents should be encouraged to document all meetings, and this record should subsequently be reviewed with, and approved by, all meeting attendee(s)
- The presence of a third party is **recommended**

### Documented Outcomes:

Successful remediation will require Dr. \_\_\_\_\_ (resident) to meet listed objectives to the defined level of performance:

Expected level of performance	Sources of Evidence (Assessment strategies)
Objectives: as listed above	e.g.
Defined expectations in keeping with resident's year in program. (Describe what that looks like)	Documented direct observations, Multisource feedback data, Practice examination, OSCEs, etc.

**The Residency Program Committee will review all relevant documentation to determine the outcome of the remediation period.**

**I understand the following about the remediation program:**

- The identified areas to be remediated
- The expected level of performance on remediation objectives
- The nature of the remedial program
- The time frame of the remedial program
- The assessment techniques to be used
- The consequences of a successful/failed remediation period
- I have been given the chance to clarify all components of this *remediation plan*.
- I have access to an independent mentor and I know how to reach him/her

The document *Assessment, Promotion and Appeals* is on the Queen's University School of Medicine Postgraduate Website and available as a reference

<http://meds.queensu.ca/education/postgraduate/policies/apa/assessment>

Of note, Section 9 of the *Assessment, Promotion and Appeals* policy details the process for a successful or not successful remediation period.

Links to Resident Health and Wellness Resources are available here:

<http://meds.queensu.ca/education/postgraduate/wellness/resources>

- I have been made aware of this document
- I have been made aware that further revisions of this plan may be required based on EAB recommendations.

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Resident/date

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Program Director/date